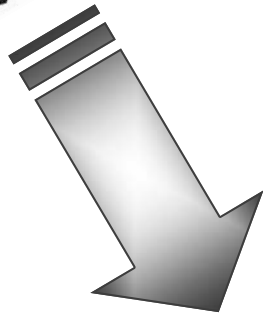


WHY US?
LEFT BEHIND AND DYING



Video Curriculum Modules

**Lesson 13: HIV –
Access to Medicine**



LEARNING WAS NEVER LIKE THIS

Lesson 13: Access to Medicine

Standards:

Health:

- 1.12.6
- 2.12.10
- 3.12.1
- 3.12.2
- 5.12.2
- 5.12.4
- 8.12.1
- 8.12.3

Science:

- 7.6

Skills Practiced and Gained:

- 1.1—1.7
- 2.1—2.5

Overview

Many people with HIV have been successfully treated with anti-retroviral drugs. These people are not cured but the drugs help to keep the HIV from becoming AIDS. To prevent the HIV from becoming full-blown AIDS, HIV positive people have to keep taking these drugs. So, access to healthcare and the appropriate medications becomes imperative for those with HIV. Unfortunately, the high costs of healthcare and drugs prevent some populations and communities from accessing these resources. This situation has and is happening in many countries in Africa. The video module, “*Access to Medicine*,” looks at the ability of people with HIV to access appropriate medicine and healthcare in the United States and in Africa.



Key Concepts

Access to healthcare and medications

National and international drug policies

Social determinants of health

Impact of high costs of anti-retroviral drugs on the spread of HIV/AIDS in Africa

Materials for Activities and Educator Background Knowledge

For *Activity 13.1*, use the Stakeholder roles, 1 role per student/participant. This handout can be found at the end of the lesson. You may need to delete roles or have multiple sets, depending on the number of students/participants. There are additional resources for examining a case study through stakeholder roles. A one-page guide from Northwest Association for Biomedical Research <http://www.nwabr.org/education/primer.html> is appended to the lesson module. Additional, background reading on HIV drug availability to poor and low income populations, development of generics, and the controversy surrounding the issue, <http://www.avert.org/generic.htm>, can be found in the resource appendix.

Procedure

Part I

View “Access to Medicine” video module. After viewing the module use the following questions to facilitate group discussion or give the questions as prompts for journal entries.

Discussion / Journal Questions

- 1) What new information did you gather from the video module?
- 2) How does the lack of affordable medicines contribute to the high rates of HIV/AIDS in African and African American communities?
- 3) What other questions or comments do you have?

Part II

Currently, there are anti-retroviral drugs (ARVs) that effectively suppress HIV from becoming full-blown AIDS. These drugs also drastically reduce the chances of transmission of HIV from mothers to babies through breastfeeding. However, many of these medications cost much more than the average person living in a poor or low-income country could possibly afford. What are the opportunities and obstacles to universal access to affordable medications?

Let’s examine this complex issue through stakeholder discussions.

Activity 13.1

- 1) Distribute and assign stakeholder roles to students/participants. Explain that they will be playing the role of the stakeholder in a summit meeting of other stakeholders.
- 2) To prepare for the summit meeting, students/participants with the same stakeholder role assignment should gather to discuss what the stakeholder’s major concerns and perspectives would be in the summit meeting. If you are working with a small group and there is only one person per stakeholder, have each person brainstorm silently with your assistance if necessary.

Part II (continued)

Activity 13.1 (continued)

- 3) Once the stakeholders have prepared for their summit meeting, reorganize groups for the summit meeting. This means that each summit meeting group should have at least one representative from each stakeholder group. If you are working with a small group, convene the group together.
- 4) Allow each summit meeting group to discuss the question: “Should countries be allowed to produce, sell, or buy cheap generic versions of HIV medications?”
- 5) Once the summit meeting groups have come to a resolution (and probably, they will not, given the complexity of the situation), each summit meeting group should present their conclusions to the rest of the class/seminar.
- 6) Afterwards, allow students/participants to “drop” their stakeholder roles and speak from their own perspective. How would they answer the same question? Would they answer differently from the stakeholder that the portrayed? Why?
- 7) Explain some of the reality of the decisions. Some developing nations are getting some leeway to produce generics, some medicines are not making it to patients because they are being confiscated, and groups are coalescing to continue the pressure on pharmaceutical companies and governing bodies to make HIV medicines accessible to all. The struggle is not yet over, but a global outcry for equity is underway.

Closure

It is often easy to get swept up in our daily routines and forget that we are part of a global citizenry. Too many times, we think we don't have the power to change anything, especially when dealing with large entities like corporations and governments. Yet, time and again, when individuals come together to voice their support or opposition, change is possible. Use the following questions to facilitate group discussion or give the questions as prompts for journal entries.



Why us? Curriculum ■ ■

Continuation Page: Access to Medicine

Closure *(continued)*

- 1) What are some of the issues or injustices that affect you, your community, or the world? Global warming? Lack of access to education? Inequity in the criminal justice system? Immigration?
- 2) What are some things that are happening to address this situation? What are some obstacles to resolving this situation?
- 3) How can you as an individual become involved with local, regional, national, or global efforts? Who can you join up with to make your voice louder?
- 4) Does understanding unequal access to medicine and healthcare change your thoughts about how you might act? Why or why not?

Activity 13.1: Stakeholder Roles

Stakeholder 1: Patient with HIV infection in South Africa

You have recently been diagnosed with HIV. You discover that HIV drugs cost between \$10,000-\$14,000 a year. Your income is \$2,700 a year, the average income for a South African. You have three children to support. You want to live as healthy a life as possible, but you also need to house, clothe, and feed your family. Taking HIV medication would allow you to live longer and be healthy enough to support your family, but you don't know how you'll be able to afford the medications.

Stakeholder 2: Patient with HIV infection who earns a moderate or high income in the United States

You have recently been diagnosed with HIV. You discover that HIV drugs cost between \$10,000-\$14,000 a year. Thanks to your \$60,000 a year income and health insurance to help with the cost of medications, you can be relatively sure you can live as healthy a life as possible. However, the insurance premiums and cost of the medicines put a dent in your living costs, and you worry that, if drug prices were to go up, you'll not be able to afford your treatments.

Stakeholder 3: Patient with HIV infection who earns a low income in the United States

You have recently been diagnosed with HIV. You discover that HIV drugs cost between \$10,000-\$14,000 a year. With your income at \$18,000 (near poverty level) and with no health insurance, HIV medication is well out of your reach. You have three children to support. You want to live as healthy a life as possible, but you also need to house, clothe, and feed your family. Taking HIV medication would allow you to live longer and be healthy enough to support your family, but you don't know how you'll be able to afford the medications.

Stakeholder 4: A doctor in South Africa

You are an obstetrician and family doctor in South Africa, treating mothers-to-be and their families. One in four of your pregnant patients is HIV positive. As a doctor, your primary concern is the health of your patients and the community. You have advised all HIV positive mothers about the importance of taking medications throughout the pregnancy and through the first years when they are breastfeeding to drastically lower the chances of babies becoming HIV positive. However, you have seen a number of mothers unable to afford medication. You have assisted in the birthing and care of a large number of infants HIV positive as a result.

Activity 13.1: Stakeholder Roles

Stakeholder 5: US Pharmaceutical Company

You represent a major pharmaceutical company whose profits come primarily from HIV drugs. Your company spends millions of dollars per year to manufacture, market, and sell these medications. Your company also spends millions of dollars in researching and developing new, better, and more effective HIV drugs. These expenses are paid for by the large profits you are able to gather from the sale of HIV drugs at a competitive price. If others were to use your company's drug formulas to create cheaper generics, you face losing profits which would affect your ability to not only make and sell drugs, you would not be able to invest in researching and developing more drugs that may result in both better health and better profit.

Stakeholder 6: Producer of Generic Medicines in India

You represent a producer of generic HIV drugs. Because you did not develop the drugs, you can go straight to manufacture and sales, cutting costs associated with paying research scientists, paying for expensive drug trials, and more. You are therefore able to sell the drugs for much cheaper. Though your primary market is within your country to make medications more affordable for people in India, there is a huge demand for your generic medications from developing countries throughout the world.

Stakeholder 7: US Government

As the US government, your responsibility is to protect the interests of US citizens and US companies. A healthy population would result in fewer costs down the line in health care, and strong profits of US companies raise the economic standards for everyone in the US. As the US government, you also have responsibilities to abide by international laws. And because the US is one of the wealthiest countries in the world, there is a global responsibility to world affairs and aid to developing nations.

Stakeholder 8: South African Government

As the South African government, your responsibility is to protect the interests of South African citizens and companies. A healthy population would result in fewer costs down the line in health care, and strong trade relationships with wealthy countries like the US raise the economic standards for everyone in South Africa. As the South African government, you also have responsibilities to abide by international laws. And because South Africa is dependent on economic relationships with wealthy countries like the US, there is a global responsibility to world affairs and peaceful relationships with developed nations.

Activity 13.1: Stakeholder Roles

Stakeholder 9: World Trade Organization

You are an international governing body. You are responsible for overseeing fair practices in trade among all the countries of the world. You create policies that govern responsible business behavior, create international laws, and monitor countries in abiding by these laws.

Stakeholder 10: Clinton Foundation

In 2001 Bill Clinton - following the end of his second term as US president - confirmed his commitment to HIV/AIDS drug provision when he established the William J. Clinton Foundation, containing an HIV/AIDS program. Using the former President's contacts and knowledge, the foundation has continually worked to increase access to HIV treatment by negotiating pricing deals with drug manufacturers and working to improve health care services in developing countries. Your primary interest is in lessening the HIV/AIDS epidemic.

Case Studies

Summary

Students assume stakeholder roles within a case study in order to analyze an ethical issue. Case studies are one of the most powerful tools for helping students understand ethical issues, and for providing them with insight into diverse perspectives.

Teacher Instructions

1. Students are given a scenario (actual or fictional) that incorporates an ethical issue related to science.
2. Students identify what they know/don't know about the issue.
3. Students are divided into groups that represent different stakeholders. The stakeholders (in 'same-stakeholder' groups) decide on their values and perspectives on the issue.
4. Students are then divided into 'mixed-stakeholder' groups that contain one member from each stakeholder perspective. These mixed groups are asked to come to consensus (or clarify the nature of their disagreement) with regard to making recommendations about how to resolve the issue or designing policy to address the issue.
5. Each 'mixed-stakeholder' group presents the summary of their discussion to the class.
6. As a follow-up, provide students the opportunity to express their own position and recommendations in written form.

Variations

Students can brainstorm who the stakeholders are, then be provided with opportunities to research what the issue of concern to those stakeholders might be, and the arguments that those stakeholders put forth. Time is allotted for library/internet research.

The same activity can be done using only single or mixed stakeholder groups.

Students can also complete a Decision-Making Framework, either in their mixed-stakeholder groups, individually prior to making stakeholder groups, or individually following the discussion.

<http://www.nwabr.org/education/primer.html>